Minutes
Drug Utilization Review Board Meeting
DATE: June 8, 2016

Meeting Purpose: Quarterly Open Board Meeting
Meeting opened at 6:00 PM by Chair, Sarah McGee.

Attendance: Timothy Fensky, R.Ph.; Leslie S. Fish, Pharm.D.; Sarah M. McGee, M.D.; Sophie McIntyre, Pharm.D.; Audra Meadows, M.D., MPH; Karen Ryle, M.S., R.Ph.; Christy Stine, M.D.

Absent: Adam Bard Burrows, M.D.; Audra R. Meadows, M.D., MPH; Sherry Nykiel, M.D.

Agenda Items:
I. Welcome and Introductory Remarks
II. Resident Research Update: The Impact of a Controlled Substance Act Schedule Change on the Utilization of Hydrocodone Combination Products in a Medicaid Population
III. Resident Research Update: Evaluating the Impact of a Prescriber Outreach Program on the Co-prescribing of Opioids, Benzodiazepines, Gabapentin and Stimulants in a Medicaid Population
IV. Hepatitis C Quality Assurance Analysis
V. Glaucoma Agents Quality Assurance Analysis
VI. MHDL Update
VII. DUR Operational Update
VIII. MassHealth Update
IX. Dermatological Immune Suppressants Quality Assurance Analysis

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<td>Review of Minutes</td>
<td>Motion to accept March 9, 2016 minutes as written.</td>
<td>Follow Up N/A</td>
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<td>Action</td>
<td>Minutes accepted.</td>
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<tr>
<td>Resident Research Update</td>
<td>The Impact of a Controlled Substance Act Schedule Change on the Utilization of Hydrocodone Combination Products (HCP) in a Medicaid Population.</td>
<td>Follow Up</td>
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**Action**

- Discussed the evaluation of the impact of the HCP schedule change on prescribing patterns.
- Discussed the comparison between member and prescription characteristics in two member groups, one pre- and one post – HCP schedule change.

**Conclusions**

- Findings suggest that the HCP schedule change has affected prescribing patterns
  - Decrease in total claims
  - Decrease in average number of tablets per claim per month
- Massachusetts has been impacted by the opioid epidemic
  - Future studies: Did the HCP schedule change impact the incidence of opioid overdoses?

**Agenda Item**

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<td>Evaluating the Impact of a Prescriber Outreach Program on the Co-prescribing of Opioids, Benzodiazepines, Gabapentin, and Stimulants in a Medicaid Population</td>
<td>Follow Up, Informational</td>
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**Action**

- Discussed the evaluation of the impact of a prescriber outreach program on prescribing patterns and subsequent prescribing for patients receiving the discussed combination of medications.
- Discussed the comparison between the pre- and post- intervention total health care costs (medical claims, hospital claims, and pharmacy claims) per member.

**Conclusions**

- The prescriber outreach program increased prescriber awareness about a potentially dangerous combination of medications.
- The results of this study suggest that implementation of a prior authorization program may be warranted to monitor the concomitant use of these agents for clinical appropriateness and safety.
- Increased communication between patients and their prescribers and between all prescribers involved in the care of an individual patient may improve health outcomes.
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<td>Hepatitis C Quality Assurance Analysis</td>
<td>Hepatitis C Direct-Acting Antivirals Quality Assurance Analysis</td>
<td>Follow Up Informational</td>
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**Action**

- Discussed the place in therapy of direct-acting antivirals in the treatment of hepatitis C.
- Reviewed current MassHealth approval criteria.
- Summarized member and prescriber demographic characteristics.
- Analyzed utilization and highlighted trends in prior authorization (PA) request submissions.

**Conclusions/Recommendations**

- All sampled approvals and denials were issued appropriately.
- High initial denial rate due to incomplete PA requests
  - 43% of requests are approved upon the first request
  - 91.7% of requests are approved with the third request
  - Median time between first PA request and ultimate approval with subsequent requests is six days
- Low absolute denial rate of 11%
- Assisting prescribers with regimen optimization promotes appropriate Utilization.
- Given the high cost and to assure appropriate utilization, all direct-acting antivirals will remain on PA.

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<td>Glaucoma Agents Quality Assurance Analysis</td>
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Action

- Provided an overview of agents indicated in the treatment of glaucoma.
- Discussed the place in therapy of glaucoma agents.
- Reviewed current MassHealth approval criteria.
- Analyzed utilization and highlighted trends in prior authorization (PA) request submissions.
- Discussed the recommended changes to PA status of select glaucoma Agents.

Conclusions

- All sampled approvals and denials were issued appropriately.
- Prostaglandin analogs are the most requested and most utilized products.
- Placing several costly agents on PA in 2014 led to additional cost avoidance from increased utilization of less costly alternatives.
- Additional cost-avoidance may be achieved by managing the following two agents associated with significant cost:
  - Timoptic Ocudose (timolol ophthalmic unit dose solution)
  - Timolol ophthalmic gel forming solution

Recommendations

- It is recommended to place Timoptic Ocudose (timolol ophthalmic unit dose solution) and timolol gel forming solution on PA.
- The following products were removed from the MassHealth Drug List due to either product discontinuation or lack of federal rebate. Betimol (timolol), Rescula (unoprostone isopropyl ophthalmic solution), Pilopine HS (pilocarpine).

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<td>MHDL Update</td>
<td>MassHealth Drug List (MHDL) Updates</td>
<td>Follow Up Informational</td>
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<td>Action</td>
<td>Discussed new additions effective 8/29/16.</td>
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<td>Presented MHDL changes in prior authorization requirements and status effective 8/29/16.</td>
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<td>Reviewed prior authorization form and pharmacy initiative updates.</td>
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<td>Discussed updated pharmacy initiatives and clinical documents.</td>
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### DUR Operational Update

**Discussion**

- Prior Authorization (PA) Volume
  - Average of 7,000 PAs per month
- DUR Call Center Volume
  - Average of 6,000 to 7,000 calls per month
- DUR Call Center Statistics
  - Goals reached
    - Abandoned rate 2% or under
    - Average treatment time below four minutes
    - 30 second average wait time
- DUR Appeals
  - Average six appeals per month
- Provider Outreach
  - Hit goal of 700 or more per month
- Top 10 Medications Requested by Prior Authorization
  - Aripiprazole was number one
  - Harvoni dropped to number four from number one

**Follow Up**

### Dermatological Immune Suppressants Quality Assurance Analysis

**Discussion**

- Atopic dermatitis
  - Discussed symptoms, treatment goals, levels of severity, and American Academy of Dermatology recommendations.
  - Presented prior authorization criteria and methods used for Evaluation.
  - Reviewed prior authorizations between 9/1/16 and 2/29/16.

**Conclusion/Recommendations**

- Atopic dermatitis is a chronic, pruritic, inflammatory skin disease that occurs in children and adults.
• Mild to moderate atopic dermatitis can be treated with emollients and topical corticosteroids.
• Atopic dermatitis involving the face or skin folds, or not controlled with topical corticosteroids can be treated with topical immune suppressants.
• Limited utilization of topical immune suppressants by MassHealth Members.
• 193 members filled 321 claims totaling $85,381.
• 235 prior authorization requests, including 177 approvals and 58 denials
  ➢ Requests were reviewed appropriately
  ➢ Following denial, some members had resubmissions, or pharmacy claims for clinically appropriate alternatives
• Reclassification of topical corticosteroids using the USA classification system: class I super-potent and class II potent agents
  ➢ Revisions are recommended to MassHealth Drug List Therapeutic Class Table 42 (Immune Suppressants – Topical) and PA form
• No changes to criteria recommended.

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### Action

- Discussed top priorities for MassHealth
  ➢ Spending issues around long-term support and services
  ➢ ACO pilots

- Summarized MassHealth projects
  ➢ Wrapping up FY16 and planning FY17
  ➢ Revising Mass Behavioral Health Partnership (MBHP) contract related to CSMP and pediatric initiative
  ➢ Revising contract with other Managed Care Organizations (MCOs)
    ▪ CMS rule implementation on Medicaid Managed Care
    ▪ Regulations related to MCO plans will change based on CMS requirements
    ▪ Renews 10/1/16 (Federal fiscal year)
    ▪ Regulations providing Medical Assistance Therapy in outpatient Clinics
  ➢ MassHealth Pharmacy Regulations Revision
    ▪ Authority to pay for brand vs generic if net cost is less costly
    ▪ Return and reuse in LTC facilities is obsolete
    ▪ Move some regulations to sub regulation (MHDL)
      o Definition of pharmacy professional services paid for by Medicaid
      o CSMP
    ▪ New regulations will be in effect on July 15th.
  ➢ CMS Covered Outpatient Drug Rule implementation for reimbursement
    ▪ Implement actual acquisition cost (AAC) basis for the ingredient
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<th><strong>Request for Response (RFR) (Mandatory component of CMS Rule) is out</strong></th>
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<td>- Cost-of-Dispensing Survey to include all New England states</td>
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<td>- Will provide the basis for our dispensing fee</td>
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<td>- Negotiating Hepatitis C rebate</td>
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<td>- Rebate will extend to MassHealth MCOs per new authority applied for and granted by CMS.</td>
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Meeting adjourned at 7:45 PM.

Respectfully submitted,

Vincent Palumbo, R.Ph.
DUR Program Director

Date: _____________________